**Application for Member of Specialty Committee**

 **Heilongjiang Provincial Society of Pharmaceutical Science**

 **黑龙江省药学会专业委员会成员申请表**

Name of the Specialty Committeeand Working Committee：

拟加入的专业（工作）委员会：

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Name 姓名 |   | Educational Institution& Degree 最后学历及毕业院校 |  | 1 Inch Photo 一寸证件照 |
| Sex 性别 |  | Major and Specialty 专业及专长 |  |
| Birth Date 出生年月 |  | Professional Title职称 |  | Job Title 职务 |  |
| Language and Proficiency 使用语种及熟练程度 |  | Country 国别 |  |
| Work Unit工作单位 |  | Fax No. 传真 |  | Telephone No. 电话 |  |
| Mailing address通讯地址 |  | E-mail 电子邮件 |  | Mobile 手机 |  |
| Brief introduction to your professional career 个人学习、工作经历 |
| Time 时间 | Work Unit 单位 | Job Title 职务 |
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| Academic achievement & Main Papers and publications 学术成就及主要论著： |
| Opinion from your unit所在单位意见 Signature／0fficial seal （签名、盖章）Date: \_\_\_\_\_年\_\_\_\_\_月\_\_\_\_\_日 | Title in Committee拟任会内职务 |  | Pharmacy Association of HLJ黑龙江省药学会审查意见及签章： |
| Signature of Chairperson（会长签名）Date: \_\_\_\_\_\_年\_\_\_\_\_月\_\_\_\_\_日 |

Note: Please fill the form in both Chinese and English, and have the form stamped by your work unit’s Personnel Department. Submit two 2 inch photos, two 1 inch photos and **a photocopy of your identification certificate**. Please write your name on the reverse side of each photo, The line width can be adjusted according to contents.

注：表格中英文填写，加盖本单位人事章，交表附本人2寸证件照2张、1寸证件张2张（照片背面注明姓名）及身份证复印件（含身份证正反面），行数不够请自行添加。